

## ATTACHMENT 2

# Diagnosis-Restricted Drugs in Erythropoiesis Stimulating Protein and Hepatitis C Drug Classes

The following table contains Wisconsin Medicaid's valid and approved diagnosis codes for non-preferred drugs in the erythropoiesis stimulating protein and hepatitis C treatment drug classes. Refer to the Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) for a complete list of diagnosis restricted drugs.

Drugs in the following classes are diagnosis restricted by Wisconsin Medicaid. A diagnosis code must be indicated by a pharmacy provider on a prior authorization request for drugs in these classes. Information on this table is effective July 1, 2005.

Drug Class	Brand Name	Diagnosis Code	Disease Description
Erythropoiesis Stimulating Proteins	Aranesp	042	Anemia from Acquired Immune Deficiency Syndrome (AIDS)
		07953	Human Immunodeficiency Virus (HIV), type two [HIV-Two]
		585	Chronic renal failure
		140-20491, 230-2386, 2388-2399, 2733	Non-myeloid malignancies or multiple myeloma
		2387	Myelodysplastic syndrome
		2849	Aplastic anemia
		2850	Sideroblastic anemia
		20610	Chronic myelomonocytic leukemia
		28521	Anemia in end stage renal disease
		28522	Anemia in neoplastic disease
	Epogen	042, 07953	Anemia from AIDS
		585	Chronic renal failure
		140-20491, 230-2386, 2388-2399, 2733	Non-myeloid malignancies or multiple myeloma
		2837, 2849, 2850	Myelodysplastic syndrome
		20610	Chronic myelomonocytic leukemia
		28521	Anemia in end stage renal disease
Hepatitis C Agents	Infergen	07054	Chronic hepatitis C without mention of hepatic coma